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**** CONTINUING DATA *******

N e h g

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Met after met	STATE OR COUNTRY JAPAN	SHEETS DRAWING 10	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>					
Verified and Acknowledged	<u>Robert W. Wilson</u>		Examiner's Signature	Initials		

ADDRESS

20350

TITLE

Network routing apparatus

FILING FEE RECEIVED 1030	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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